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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number J-3567A

First Named Inventor Anita Wongosari

**COMPLETE IF KNOWN**

Application Number 10 / 712,509

Filing Date November 13, 2003

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## SEMI-ENCLOSED GEL DELIVERY DEVICE

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 11/13/2003 as United States Application Number or PCT International

Application Number 10/712,507 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

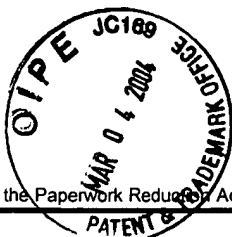
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

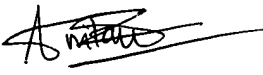
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		28165		OR <input type="checkbox"/> Correspondence address below	
Name Robert A. Miller							
S.C. Johnson & Son, Inc.							
Address 1525 Howe Street, MS 077							
City Racine				State WI		ZIP 53403	
Country USA			Telephone 262-260-4975			Fax 262-260-4253	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Anita				Family Name or Surname Wongosari			
Inventor's Signature 						Date 02/06/2004	
Residence: City San Luis Obispo			State CA		Country USA		Citizenship ID
Mailing Address 111 Mustang Drive, Apt. #307							
City San Luis Obispo			State CA		ZIP 93405		Country USA
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Michael C.				Family Name or Surname Liptrot			
Inventor's Signature						Date	
Residence: City <del>Milwaukee</del> Cambridge			State <del>WI</del>		Country <del>USA</del> UK		Citizenship <del>USA</del> UK
Mailing Address <del>626 E. Kilbourn Ave., Apt. 1402</del> 4 Kinnaird Way							
City <del>Milwaukee</del> Cambridge			State <del>WI</del>		CB1 8SN ZIP <del>53202</del>		Country <del>USA</del> UK
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>one</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							



Please type a plus sign (+) inside the box ☐

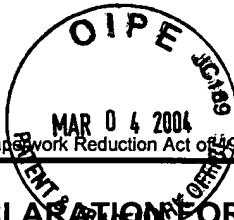
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ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Padma Prabodh		Varanasi	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Racine	WI	USA	USA
Mailing Address 2 Cherrywood Court			
Mailing Address			
City	State	ZIP	Country
Racine	WI	53402	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Attorney Docket Number

J-3567A

First Named Inventor

Anita Wongosari

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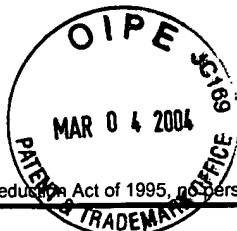
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				YES	NO
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Name Robert A. Miller					
S.C. Johnson & Son, Inc.					
Address 1525 Howe Street, MS 077					
City Racine			State WI		ZIP 53403
Country USA		Telephone 262-260-4975		Fax 262-260-4253	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Anita			Family Name or Surname Wongosari		
Inventor's Signature				Date	
Residence: City San Luis Obispo		State CA	Country USA	Citizenship ID	
Mailing Address 111 Mustang Drive, Apt. #307					
City San Luis Obispo		State CA	ZIP 93405	Country USA	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any]) Michael C.			Family Name or Surname Liptrot		
Inventor's Signature <i>M. C. Liptrot</i>				Date 23/2/04	
Residence: City Cambridge		State	Country UK	Citizenship UK	
Mailing Address 4, Kinnaird Way					
City Cambridge		State	ZIP CB1 8SN	Country UK	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>one</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



Please type a plus sign (+) inside this box ☐

PTO/SB/02A (11-00)

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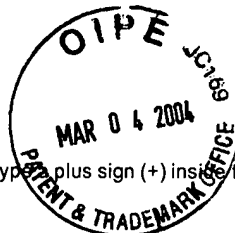
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**Supplemental Sheet**  
Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Padma Prabodh		Varanasi	
Inventor's Signature <i>Padma Prabodh Varanasi</i>		Date <i>12/11/03</i>	
Residence: City Racine	State WI	Country USA	Citizenship USA
Mailing Address 2 Cherrywood Court			
Mailing Address			
City Racine	State WI	ZIP 53402	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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PTO/SB/81 (02-01)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/712,507
Filing Date	November 13, 2003
First Named Inventor	Anita Wongosari
Title	Semi-Enclosed Gel...
Group Art Unit	
Examiner Name	
Attorney Docket Number	J-3567A

I hereby appoint:

☒ Practitioners at Customer Number

Place Customer  
Number Bar Code  
Label here

☒ Practitioner(s) named below:

Name	Registration Number
Herbert W. Mylius	24,578
Carl R. Schwartz	29,437
Richard T. Roche	38,599
Steven J. Wietrzny	44,402

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

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Number Bar Code  
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☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name Anita Wongosari

Signature 

Date

02/06/2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of Three forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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28165

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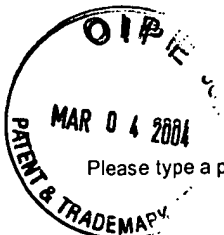
Name	Michael C. Liptrot
Signature	M. C. Liptrot
Date	23/2/04

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Name

Padma Prabodh Varanasi

Signature

*Padma Prabodh Varanasi*

Date

12/11/03

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